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Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 564127 (9)
1. Corporation Name
SIEGFRIED, RIVERA, LERNER, DE LA TORRE & SOBEL,
P.A.

Principal Place of Business
201 ALHAMBRA CIR 1102
CORAL GABLES FL 33134

Mailing Address
201 ALHAMBRA CIR 1102
CORAL GABLES FL 33134-5108



3. Date Incorporated or Qualified 12/02/1977
3a. Date of Last Report 03/18/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1777539		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SIEGFRIED, STEVEN M. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SIEGFRIED, STEVEN M			1.2 NAME	Edward H. Peter H.		
STREET ADDRESS	201 ALHAMBRA CIR 1102			1.3 STREET ADDRESS	201 Alhambra Circle, Suite 1102		
CITY-ST-ZIP	CORAL GABLES, FL 0			1.4 CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE	DTV	<input type="checkbox"/> DELETE		2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RIVERA, OSCAR R.			2.2 NAME	Arias, Maria Victoria		
STREET ADDRESS	201 ALHAMBRA CIR 1102			2.3 STREET ADDRESS	201 Alhambra Circle Suite 1102		
CITY-ST-ZIP	CORAL GABLES FL			2.4 CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE	DSV	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LERNER, LISA A.			3.2 NAME			
STREET ADDRESS	201 ALHAMBRA CIR 1102			3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			3.4 CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE LA TORRE, HELIO			4.2 NAME			
STREET ADDRESS	201 ALHAMBRA CIR 1102			4.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOBEL, STUART H			5.2 NAME	Sobel, Stuart H.		
STREET ADDRESS	201 ALHAMBRA CIR 1102			5.3 STREET ADDRESS	201 Alhambra Circle, Suite 1102		
CITY-ST-ZIP	CORAL GABLES FL			5.4 CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Oscar R. Rivera 3/18/97 442-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)